

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** BELL THERAPY SHERIDAN (310057)

**Address:** 5470 N 19TH ST, MILWAUKEE, WI 53209

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1990

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0092942      **End Date:** 07/01/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009005    Served 07/22/2004

Deficiencies Cited  
83.53(1)(a)

Subject Area  
NUMBER & TYPES OF EXITS & PASSAGEWAYS

Compliance  
Verified  
07/01/2004

Corrected  
Yes

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